

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		04-26-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1089	10/17/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/30/02
2	7/1/02
3	7/2/02
4	7/3/02
5	7/4/02
6	7/5/02
7	7/6/02
8	7/7/02
9	7/8/02
10	7/9/02
11	7/10/02
12	7/11/02
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32	7/31/02
33	8/1/02
34	8/2/02
35	8/3/02
36	8/4/02
37	8/5/02
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42	8/10/02
43	8/11/02
44	8/12/02
45	8/13/02
46	8/14/02
47	8/15/02
48	8/16/02
49	8/17/02
50	8/18/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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